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ABSTRACT

The manual, available in large print, in regular sized print, and in braille, is designed to help blind parents acquire parenting skills. The manual at hand, contains large print, and is based on interviews with 11 blind or severely visually impaired parents, 8 women and 3 men. The beginning section addresses the importance of attitude in child rearing. Subsequent sections focus on the following topics: post-partum feelings, early infancy care, feeding, diapering, bathing, health and medical considerations, toddler care, limit setting, and toilet training. A section on resources lists sources of adaptive aids, books, organizations, and toys. (CL)

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PARENTING WITHOUT VISION IN 1000 EASY LESSONS

BY RACHAEL CRANSTON

1982

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PARENTING WITHCUT VISICN
IN 1000 EASY LESSCNS

BY RACHAEL CRANSTON

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San Francisco Foundation

Introduction

As a blind parent, you hawe the same questions, hopes and fears as any other parent. But,you will also have questions unique to you and your circumstances. Perhaps you are pregnant and experiencing the shocked bewilderment of the uninformed public. Perhaps you have a new baby and are faced with the mundane questions of how to change a diaper or make up formula. Perhaps you are dreading that time when your child becomes mobile and will disrupt the order you have created for yourself.

This booklet will address these and other issues. It will not have all the answers, but it is intended to give you the information you will need to build up your confidence. If you are confident in your own abilities as a parent, you will be able to find the resources you need to cope with the problems that will surely arise.

Above all, raising a child is a privilege

and an adventure. If you view it as such, there is no reason why you won't raise a normal, happy, child.

In preparing this booklet, I interviewed eleven blind,or severely visually impaired parents, eight women and three men. All of the mothers had been primary care providers. That is, they were the ones mainly responsible for the feeding and physical care of the baby. None of the fathers I spoke with was primary; all had outside jobs. This in no way means that men cannot take excellent care of young children; it means only that this was a very small sample of people. But, their problems were real, their solutions well thought out, and their advice should prove very helpful.

Even more important for me, in this writing, has been my own experience. I have been totally blind since birth, and I am now the mother of two-year-old twins. My husband and I share equally in the tasks of child-rearing. Although

the thought of raising twins without benefit of vision seemed horrifying at first, I have discovered that the problems I faced were similar to those of the parents I interviewed.

We offer this little booklet to you in the hopes it will answer some questions, allay some fears, and let you know you are not alone.

It's The Attitude

It seems to me that the most difficult problem for the blind parent is not how to do the day to day tasks of caring for a child. These require some training, some practice, and they can be done well, almost automatically. The worst threat is the attitude toward you --not only the attitude of others, but your attitude toward yourself as well. You will probably need to deal with both during pregnancy and throughout early parenthood.

To understand the sometimes strange behavior of the people around you, you must understand a little of their internal process. Blindness is a terrifying thing to a sighted person and with good reason. If you lose your sight, either as a child or an adult, the adjustments and the griefs are enormous. And, if you are a sighted person, the thought of having a child to care for with no sight (or very little) makes you feel doubtful, shocked and overwhelmed. And so the questions or the stares come; or the silence. This can be tiresome, or even frightening. But, if you can remember that it is their fear and self-doubt which you are feeling and not a reflection of you, it will be easier to live with. And, when you are successful, these same people may marvel at you and learn from you.

But, there will be times when you doubt yourself, and those will be harder. There will be instances where a particular obstacle seems insurmountable. And, what is worse, it may be! None of the people

I interviewed had found a fool-proof way of taking a baby's temperature, for example. A dilemma such as this is real, and frustrating. I have since learned there is an accurate talking thermometer available, though it is extremely expensive. (See "Resources" for how to order.).

Sometimes the sheer amount of physical care you baby requires will seem impossible to you. You may find yourself doubting your own ability at such times.

Don't give up. Well, for one thing, you don't have the choice of giving up. A baby is constant, ever-present, always in need. So, whether or not you think you <u>can</u>, you <u>will</u> take care of your baby, and help her to grow up in this world. In the words of an old saying, "If you give it your best, you've done all you can."

There is help available if you need it -- lots of help. At the end of this booklet, you will find some ideas for places to go for assistance and there are undoubtedly more. It does not mean that you are a bad or incapable parent if you ask for help. It only means that you

are getting the best for your child.

If you can understand these things about yourself and others, you have half the battle won. The other half is more time-consuming, more tiring, more fulfilling; it is the reason people become parents. It is learning how to nurture and care for a new human being. And, ultimately, it is knowing that that human being will grow away from you and become a wholly unique individual.

Post-Partum: Who Am I?

Right after your baby is born you will feel exhilarated, amazed and awed by the idea that this new little life came from you. But soon after this--a couple of hours or days or weeks--the exhaustion of giving birth may settle into your body along with the realization that caring for a newborn is not quite what you imagined. You may find yourself very irritable, or feel like crying or yelling a lot. Welcome to the post-partum blues!

Lots of people are not prepared for this time, or they feel it won't happen to them. After all, the high of having a baby should keep you going, right? Well, right, it does. And, wrong, too.

There are lots of reasons for you to feel bad, even though you also feel good. Just about everything in your life is changing at this time, beginning with your own body chemistry. Following delivery, your hormone levels change dramatically, and this affects all your emotions. It takes time for the hormones to readjust themselves. In the early days you've also got a sore bottom and sore (if not exploding) breasts to contend with.

On top of this, you're not getting enough sleep at a time when you most need it. And despite all this, you have to keep giving to this demanding little critter when you're feeling like crawling into bed and leaving the details of life to room service -- or to anyone besides you.

The person you meet in the middle of the night may not be anyone you've met before; and wish you weren't meeting now. Some women feel very guilty at how angry they feel and worry that they don't really love their babies. The fact is no one functions well without enough sleep. And that grizzly bear in you will retreat when you start getting sleep--and may return when your baby starts teething and is up again at night.

It's important to nurture yourself during these stressful times--take a long bath, a walk alone or with your spouse, naps, an afternoon off, a lunch with a friend (who provides the lunch)--whatever makes you feel cared for. If you feel cared for, you'll be better able to care for your baby.

I said before that just about everything in your life changes when you have a baby. This includes your relationships with your spouse, family and friends, as well as your work routines and social

life. You may feel very isolated from the outside world or like you've been sentenced to a life term of loneliness. This won't last. It takes time to build up a network of support. You need to find other parents so that you can compare notes on your babies' rashes, hiccups and habits and on the ups and downs of your marriage and friendships. The American Council of Blind Parents tries to connect parents, both sighted and blind, in similar circumstances. And most communities have mothers'/parents' support groups as well. (See "Resources".)

If you have a hard time at first, don't think it means you're a failure as a parent or a person. Remember you weren't born a parent, so it takes time to become one in the richest sense of the word. It takes time to know and grow close to your baby and to know your new self, even though the media would have you believe in the instant joys of perfect parenthood!

Early Infancy: So What Now?

When you first arrive home with the new baby, it is a good idea to have outside help. Most parents, blind or sighted, are at first overwhelmed by the hugeness of it all--and by the fatigue. You will need to find help which meets your needs emotionally and financially. Relatives may work for one family while neighborhood teenagers work for another.

In the case of blind parents, there are special skills that need to be learned. Before my babies were born, a blind friend of mine, who had two small children, offered to stay with me for a week or two after the babies arrived. "We can do everything a sighted mother can do," she said, "but we have special ways of doing things." At the time, I ignored this suggestion. But, as the weeks went by, I began to see that she was right. Of course, I learned what I needed to, but it was more difficult than I had thought it would be. What may be obvious to an observant sighted parent, who has watched others with tiny babies, may not

be so obvious to a blind parent.

Feeding, Feeding, and More Feeding

Likely the most important new skill you must learn is the feeding of your new baby. If you are planning to nurse, this should be relatively easy. While you are still in the hospital, nurses will show you the easiest way to hold the baby, so both of you can be comfortable. It may take a couple of weeks, or even longer, to feel completely at ease with nursing. This is true for any woman who is nursing for the first time. Always remember to face the baby when you are nursing. That way she can see you clearly, and therefore, she will become familiar with you. Faces are among the most important visual stimuli to very young babies. Babies prefer faces, or the pattern of a face, to all other stimuli. Be aware of your facial expression. Try to smile at the baby a lot, keep your eyes open, and, if possible, focused on the baby.

If you are planning to be away from your child for any length of time, or to get a break for yourself, you may want to introduce a supplemental bottle right away. If this is done early enough, many babies can go from the breast to the bottle and back again with no problems. You can express some of your own milk and freeze it to use in a bottle later or use formula. There are several kinds of breast pumps available. Since each operates a little differently, you should have someone help you learn to use it.

If you use a bottle, either supplementally or for the entire food supply of the baby, you will have to become proficient at pouring. Several of the mothers I interviewed said that a funnel became the most important tool in the kitchen.

If you are expressing your own milk to be put into a bottle, it is best to start with a cup, then pour through a funnel into the bottle. If you are freezing the milk, then you can buy small plastic bags for disposable bottles. These make

excellent freezing containers. You can also freeze breast milk in ice cube trays. Once frozen, store the cubes in a plastic bag. Milk can be frozen for up to one month. Two mothers, myself and one other, used this method extensively, and both of us found pouring the thawed milk into the bottle maddening--but possible. The other mother said she put the bottle into a bowl to catch the drips. I wish I'd thought of that.

You may choose to feed your baby formula instead of breast milk. Your pediatrician will recommend the kind he feels will best meet the baby's nutritional needs. Whatever brand you use, it will probably come in many forms: ready to use, concentrated liquid, powdered, etc. Here you will definitely need help from a sighted person to learn how to prepare the formula. Parents I talked with used a variety of preparations and all eventually learned to make the formula easily. It's a good idea to make up as many bottles in advance as you can, so you will not have to listen to a screaming baby while

you measure and pour.

Many doctors feel that it is wise to sterilize bottles at least for the first three months. Boiling bottles and nipples for ten minutes and then allowing them to cool should be adequate. If you use disposable bottles, you only need to sterilize the nipples. Incidentally, you are bound to touch the sterilized nipples. If you have clean hands and don't handle them any more than is absolutely necessary, this should not be a problem. After all, your baby is already in intimate contact with your germs!

One thing you need to know about nipples is that they sometimes collapse or clog, preventing the flow of milk. Newborns don't always let you know they're not getting milk because they're often content just to suck. When milk is flowing through smoothly, there is a small whistling or bubbling sound. If there isn't any sound coming from the nipple, you should check to see if milk is getting through.

It is common for babies to spit up some milk immediately after a feeding. Sometimes it may seem that they spit up more than they keep down, but this is usually not the case. If you feel your baby is spitting up excessively, ask your doctor for advice or treatment. (That goes for anything you have questions about: call your pediatrician. S/he's used to hearing from new parents a lot, so don't be shy!) In the meantime, always keep a cloth over your shoulder to mop up the mess, and theoretically, to keep from staining your clothes. You will most likely have stained clothes anyway, (most new parents do), but at least you will feel like you have a fighting chance.

Your pediatrician will tell you when the baby should begin eating solid foods. Try not to compare your baby with others in this, because it depends on the weight gain, ease in swallowing and other factors. When the time arrives, brace yourself. It is a sloppy business at best. Some of the parents I talked with used an "infa-feeder", a bottle which uses a large--

holed nipple which allows cereal and finely strained food to pass through. Most pediatricians I have talked with dislike this method of feeding. This is because experience with solid food also teaches a baby to eat from a spoon. If you can, it is probably better to learn to feed the baby with a spoon. You might have someone show you how to mix the cereal, (most babies begin with cereals), as thick as you think the baby can easily handle. This will need to be a compromise, since the baby needs to have it quite thin, but the thicker it is, the easier it is to keep on the spoon. Keep one hand on your baby's face to orient you, and with the other, get the cereal onto the spoon and into the mouth. With practice, both you and baby will learn, and it will become second nature to both of you.

One mother I spoke with suggested putting off solid foods as long as you can. Her baby was seven months old when he began solids. He had an easy time of it and

learned to reach for the spoon quickly. That made feeding him easier for the mother.

Above all, try to realize that all babies are messy when they eat, and that the baby, the table, the floor and you can all be cleaned later. Ideally, mealtime should be a relaxed, happy time for both you and your baby.

Diapering: Your New Career

I have forgotten where I heard it, but the best advice I ever received regarding diapering was this: "There is nothing that a baby puts out that can't be washed away with water." It will definitely take some getting used to, but I promise you, you will learn. Heaven knows, you will have all the practice you could possibly want.

Fortunately, the poop that comes out of a newborn is relatively easy to deal with. When you are feeling afraid of it, comfort yourself with the knowledge that it gets nastier, both in consis-tnecy and odor, as the baby gets older

and begins to eat different kinds of food. But, by that time, you will feel like you've been changing diapers all your life, and it won't seem so bad.

There are many options for you as a new parent in the way of diapers. You may choose a diaper service for awhile, or forever, if you have no laundry facilities. The diapers are delivered and picked up once a week, with no folding or washing required. This method is a bit expensive, but some parents think it is well worth it.

Or, you may decide to use disposables, though in the long run, these are more expensive than a diaper service. In fact, you will probably need to use these whenever you travel; they are much more convenient. There are an endless variety of these, so you will need to shop around to see which kind best suits you and your baby. Some disposable diapers have elastic that fits around the baby's leg. Most mothers think these work better because they leak less. If

you use the kind without elastic, a pair of rubber pants will help keep the baby drier.

The least expensive option is to use cloth diapers, which you launder yourself. If this is your choice, and you haven't changed a baby before, you will need to have someone teach you how to pin them tightly without stabbing yourself or the baby. Sears Department Stores sell a cloth diaper with adjustable snaps which allows it to adjust for newborns through toddlers. (See "Resources" for how to order). These are about twice as expensive as cloth diapers, and they are not as thick, so it becomes necessary to use two and three at a time. Still, with baby twins, I found those diapers worth every extra cent and any additional effort.

Remember that all cloth diapers, whether your own or from a diaper service, must be rinsed out in the toilet if they are soiled. The use of diaper liners will also make this easier. These are little

plastic liners which you peel off the diaper and throw away. This is probably the least attractive job you will do concerning your baby, but remember that you can always wash anything off your hands. The same applies when checking to see if baby is poopy. Sometimes your nose will tell you, and sometimes it won't. So, you will have to get control over any squeamishness right away. You must also be sure that the baby is thoroughly clean around the genitals before you put on a new diaper. There are many brands of diaper wipes sold for this purpose, or you can use a wet wash cloth. Be sure to clean regularly the diaper pail, the changing table, and any other areas used for Baby.

Of course, there will come the time when baby discovers her own poop. I will not dwell on the dreadful job of clean-up, but use your imagination lavishly. The baby has used hers! There will be poop in places you didn't know existed, and in some you would rather not think about, like the mouth and hair. Good luck and condolences.

Bathing: Hold Tight

Babies should be given sponge baths only, until their navals are completely healed. This usually takes from two to three weeks. Since infection can result from immersing the baby too soon in water, it is probably wise to wait the extra week. One mother I interviewed said that these early baths were the best way she found to really get to know her baby. The bath need not be hurried. Just be sure that the room is warm and that you use warm water. You can buy special baby soap, but use that very sparingly at first, if at all. Wash each part of the baby carefully, but keep the rest of her covered to prevent chilling. Most of the parents I talked to were shown the best way to sponge-bathe a newborn in the hospital.

Giving a bath is a little trickier, especially in the tub. You may want to buy a small plastic tub for the first few months. Be sure you have everything ready beforehand: water at just the right temperature, soap, shampoo, wash cloth, towel, diapers and clean clothes. This is a minimal list. You may wish to add

lotion, cream, powder, toys, etc; but my advice is to keep it simple.

Disconnect the phone; ignore the doorbell. Your baby requires one hundred percent of your attention while she's in the tub. Babies are very slippery critters, especially if they're soapy.

Until your baby is old enough to hold herself in a sitting position, you will have to be sure her head is always supported. One mother said she used a large sponge for this purpose, but most just held the baby with one hand and bathed with the other. Your must never take both of your hands off the baby at once. Have things close enough that you can reach them easily with one hand, while holding baby with the other.

Bath time can be a special time for as long as you bathe your child. Because both of you are giving the bath all your attention, you can play together and learn much from each other. Whenever it's possible have a leisurely bath.

It can be a bit harrowing if you are in a hurry and baby wants to play. A quick sponge-off will usually do in the hurried times. People generally agree that the places to make sure are clean are the genitals, the naval area, the neck, (especially under the chin), and around the ears.

SOME FUNNY AND NOT-SO FUNNY THINGS ABOUT NEWBORNS

Hiccups, Sneezes and Squeaks: Newborns can be funny little creatures, whose bodies respond to their new environment in all kinds of ways. Frequent hiccups and sneezes, and squeaking sounds during sleep are all common and no cause for concern, unless they interfere with things like sleeping and eating.

Skin: Many newborns get pimples and blotches (sometimes called "stork bites") on their faces, and cradle cap on their scalps. None of these requires treatment beyond daily gentle washing with a washcloth.

Umbilical Cord: Normally the area around the umbilical cord stays pinkish or reddish for a while. If the area becomes hot or swollen, however, there may be a slight infection. Swab the area with alcohol on cotton if this occurs, and check with your pediatrician if the infection persists.

Sleep: Babies sleep a lot, but they also wake up pretty frequently. Some babies will wake to feed every two hours around the clock, others less often. By three months, most babies begin to develop a sleep pattern, and by six months most babies sleep 6-7 hours at night. The age at which babies sleep through the night varies widely -- so, good luck!

Eating: Your baby will let you know when she's hungry. If she's gaining weight, sleeps well, needs changing every 2 or 3 hours, and acts healthy, she's probably getting enough to eat. Occasionally, it happens that a breast-fed baby needs a formula supplement either temporarily or permanently. If you have doubts,

check with your pediatrician and/or La Leche League.

Crawlers and Toddlers: There They Go!

By the time your baby becomes mobile, you will have the mechanics of baby care down pat. So, you may be amazed to find that you feel a mixture of pride and grief when she learns to crawl, to stand, to cruise around furniture, to walk independently, and, oh killer of them all, to climb. With each new accomplishment you lose a little freedom and control. Many parents said that they experienced great fear that they would lose track of the child, and she might do something dangerous. There were as many methods of coping with this as there were parents interviewed. Some tried to keep the child contained in a playpen or harness. Several put bells on their child's shoes. One mother, who had four little children at home, bought four bells with different tones, so her skill as a child-chaser was more refined. With

the twins, I found bells distracting. Nothing on earth moves as much as toddler feet, and when there are so many feet, the noise can be awesome. Instead, I learned to know the sound of every object in the house, and to listen became automatic. In this dilemma, there is no right or wrong way; you must decide what is comfortable for you. Keep in mind, though, that the baby needs as much independence as you feel is safe. That way she can best explore her environment and learn about the world. Also, remember that you are probably more aware of what your child is doing than you think you are.

Which brings us to the subject of childproofing. You may have a fantasy that you will do that one afternoon when the baby begins to crawl. But it is an ongoing process. First, you may put the dangerous chemicals up high, which is good until your child learns to climb. You can put safety caps into your electrical sockets, which works until she sees you remove one and figures that

one out. In other words, you must be on guard until the child is old enough to understand safety. There are devices you can get to help - a vast assortment of locks and latches designed to keep little ones out of drawers, cabinets and rooms. You will need to get some of these if you hope to keep your sanity. (See "Resources").

Setting Limits: "...and I don't mean maybe..

As your child becomes more mobile, you will have to begin setting limits with her: "yes, you may look at the light on the stereo; no, you may not touch the buttons." Children need to have clear limits set by the adults around them in order to feel safe and cared for. At the same time, they will often turn your limit setting into a struggle for power. Probably the most important thing for you as a parent is to respect your own limits, your own needs, and know limits are a very individual thing. Something which drives me crazy may not bother you at all. What matters is that you are

clear, consistent and firm about the limits you choose to set--no matter what ploy your child uses to derail you. Sometimes you will need to remove your child from an object she is not supposed to touch. Sometimes you may need to put your screaming toddler in her room or crib until she cools off--and you do, too.

It's important to concentrate on limits which involve your child's safety--the stove, heater, stairs, sharp objects, etc.--rather than imposing a lot of little limits which turn you into an enforcement officer instead of a parent. Before you say, "No.!" to something, decide if you really mean it. If you don't, don't say it.

You may encounter some situations which are complicated by your special circumstances as a blind parent. I recently had the experience of finding my two year old son had climbed out of the window into the backyard. I did not know where he was, (and even if I had,

he can outrun me), so I had to coax him into returning to where I was. Once he cooperated, I could not punish him for climbing out the window because the next time he might not respond to my calling him. It is difficult to say how one should handle such situations. But, a two year old can understand your words, window guards can be applied to most windows, and there can be a clearly defined consequence for climbing out the window (such as isolation of some sort)--for next time!

The tricky part of setting limits is being firm without getting triggered into rage or helplessness yourself. If you feel this happening, give yourself some space. Put your child in her room or crib, shut the door and take a break. When you come back to each other, you'll both handle the situation better. Even with the best of intentions, you may lose your temper sometimes--and that's okay. It happens to everybody.

The older and more mobile a child gets,

the more curious she becomes. Remember that the majority of a child's information comes through the eyes at this time. Try to make sure your child's toys are varied, colorful, and interesting. One of the parents I interviewed enrolled her daughter in a pre-school so she could learn specific visual skills such as color identification. Another put Braille lables on parts of toys so she could identify the colors. I've tried that one, and it works if the tape is on very securely. But, be warned that little fingers are remarkably good at removing lables.

If you talk a lot to your child, the chances are fairly good she will be verbal. This is not only beneficial to the child in later years; it is also helpful to you. As soon as they are able, most children delight in telling you what they are doing most of the time. Of course, beware of the time when she is doing something which is forbidden. This will predictably be when she is suddenly too quiet. Children are quiet

when they are very absorbed in something, and a quiet child is often in trouble of some kind.

Another major hurdle at this time is potty-training. Most of the parents I spoke with who had dealt with it advised great patience. It is no disgrace if your child is trained a little later than the neighbor's. And, it will make less of a mess for you. Everyone had at least one good horror story about stepping in something unexpected, but they all got through it. As one mother said, "I've never met a five-year-old yet who still wore diapers, so they'll do it eventually. You just have to ride it out."

Many parents said that their children started to become helpful about this time, performing small tasks. They agreed that the child seemed to be aware that there was something different about the parent who could not see, although she might not know exactly what. Your child will be curious about you.

What can and can't you do? Why is it easier to hide from you than others?If you can make a game out of the tasks or the hiding, she will probably cooperate. And, if you can be as honest as possible, explaining as much as you can, it will all seem normal to your child, and you will develop a strong, positive, relationship.

A thousand easy lessons? The title doesn't tell the whole truth. There are at least a thousand lessons involved in becoming a parent--none of them easy, all of them a challenge worth the effort.

Good luck!

Resources

Adaptive Aids: Some people feel adaptive aids are more trouble than they're worth. If you've learned to use regular household devices, you will continue to do that as a parent. You can write for a Catalogue of Aids and Appliances from:

The American Foundation for the Blind
15 W. 16th Street
New York, N.Y. 10011

This catalogue lists the talking thermometer at around $100. If you have a particular problem or are trying to locate a specific adaptive aid, you can get information and referrals from:

Sensory Aid Foundation
399 Sherman Ave. Suite 12
Palo Alto, Calif. 94306

For especially good prices on adaptive aids, write for a catalogue from:

Innovative Rehabilitation Technology, Inc.
375 Distel Circle, A-11
Los Altos, Calif. 94022

Books: The Library of Congress has books and magazines available in Braille and as recordings. Their catalogue is available from:

Library of Congress
Division for the Blind and
Physically Handicapped
Reference Department
Washington, D.C. 20542

Your Regional Library has books in Braille, on record, and on casette, both for and about children and childrearing. Some good books available are:

Standard First Aid and Personal Safety by the American National Red Cross

At Wit's End and _I Lost Everything In the Post-Natal Depression_ by Erma Bombeck

Our Bodies, Our Selves and _Our Children and Our Selves_, by Boston Women's Health Collective

Childhood Illnesses: A Common Sense Approach by Jack Shiller

Baby and Child Care by Dr. Benjamin Spock

For children's golden bcoks with Braille pages added between the printed pages, contact:

Twin Vision Books
18432 Topham Street, Suite 210
Tarzana, Calif. 91356

Breast Pumps: These are sold in large drug stores, grocery stores and children's stores. One popular brand is:

Comfort Plus, Inc.
5425 West Fargo Avenue
Skokie, Illinois 60077

Breast-Feeding Support: Ask your doctor or midwife how to contact a member of the LaLeche League in your area. This is a group of nursing mothers who offer help and support to new nursing mothers.

Child Care and Child-Related Services: Many areas have child care resource and referral agencies to help you locate child care and other services related to children. (Call BANANAS for one near you). Also, contact

student placement offices of colleges near you; the "Y" and the Red Cross are other good resources.

Child Proofing Gadgets: There is a whole line of safety latches designed to keep kids from opening doors, drawers and windows, as well as to protect electrical outlets (both plugs and outlet covers). Most large drug stores and children's stores carry their own brands of these items. You can also use simple hooks and eyes to keep a great many things off limits to your toddler. Some of the larger lines of safety gadgets are:

Kindergard Corp.
Dallas, Texas 75234

Protecto
Reliance Products Corp.
Woonsocket, R.I. 02895

Tommee Tippee
Northvale, N.J. 07647

Diapers with Snaps: These are sold by Sears Department Stores through their catalogue order department. They are sold in packages of 12. The order number is: 29g13959.

Harnesses: Some people find baby harnesses helpful for keeping their toddlers in tow. They give children freedom of movement within a limited range. They are carried by large drug stores, department stores and children's stores.

HELP in the Early Days: Public Health Nurses will make home visits to help you get comfortable with the care of your baby. Ask your doctor to make the referral. The Department of Rehabilitation (in some states it's the Commission for the Blind) provides cousellor teachers who make home visits for newly blind people and to help with special problems.

Infa-feeders: These are carried by larger drug stores, children's stores

and department stores. They are bottles with large-holed nipples which allow strained foods and cereals to pass through.

Organizations: For more information on anything connected with blindness contact:

American Foundation for the Blind
15 W. 16th Street
New York, N.Y. 10011

The Foundation is a national clearinghouse for information about visual handicaps.

Lighthouse for the Blind
Check your phone book for number

The Lighthouse has its own store and can refer you to other local resources for blind parents.

Parent Support: Parenting Classes--There are many kinds of these available in most communities, from prenatal and infant care, to parent-child interaction, to parenting skills.

Contact local Red Cross, school system, colleges, hospitals, birth centers, YW/MCA, or child care resource and referral agencies.

Also contact:

American Council of the Blind Parents
Route A, Box 78
Franklin, Louisiana 70538
(318) 836-9780

They produce a quarterly newsletter (in Braille and large print) and network people in similar situations by letter, phone or in person.

Toys: Toy Lending Libraries: Some communities have libraries where you can borrow toys. Check with a child care resource and referral agency to find them. This gives you a great opportunity to try out toys you are thinking of buying. Dr. Spock has a good section on selecting appropriate toys for your child. For information on

toy safety contact:

U.S. Consumer Product Safety Commission
TOYS
Washington, D.C. 20207
Toll Free Hotline:
(800) 638-8326

They have pamphlets and fact sheets on selecting safe toys.

For further information, or if you have difficulty with any of the references above, contact:

BANANAS' Special Needs Referral Project
6501 Telegraph Avenue
Oakland, California 94609
(415) 658-6046